



DEPARTMENT OF HEALTH AND ENVIRONMENT

RCRA COMPLIANCE INSPECTION REPORT GENERATORS AND TRANSPORTERS CHECKLIST

A. General

Date April 20, 1987 Time 9:00 A.M. EPA ID No. KSD000203638  
Facility Name Olin Water Services  
Street 3155 Fiberglass  
City Kansas City, Kansas Zip 66115  
County Wyandotte Phone 913-621-6440  
Contacts William Dame Plant Manager  
Inspector Jim Fischer, Janel Rogers and John Bosky, --USEPA  
Other Larry Prouty-Olin Environmental Affairs Officer

B. Hazardous Waste Determination

262.11

1. Does generator generate waste(s) listed in 261.31, 261.32 or 261.33? YES NO  
If yes, list waste(s), EPA Hazardous Waste No. according to 40 CFR, Subpart D, and quantity/month:

EPA Hazardous Waste No.	Describe Waste Material	Quantity/Month	Method of Disposal
U031	n-butyl alcohol	Varies/chemicals sent back to manufacturer	No shipments in 85 or to date in 86. Wastes in storage.
U070	o-Dichlorobenzene		
U133	Hydrazine		
U114	Ethylencbis		
U242	pentachlorophenol		
F001	Methylene Chloride	Varies-Lab Waste	Placed in drum in hazardous waste storage area

2. Does generator generate waste(s), not listed, that exhibit hazardous characteristics (corrosivity, ignitability, reactivity, EP toxicity)? YES NO

- a. If yes, list waste(s), EPA Hazardous Waste No. according to 40 CFR, Subpart C, and quantity.

EPA Hazardous Waste No.	Waste Material	Quantity/Month	Method of Disposal
D001	waste lab solvent	Varies	No shipments in 1985, 1986 or to date in 1987.
D002	various chemicals		
D003	(see attached list for wastes now in storage)		
D007			



R00146066  
RCRA RECORDS CENTER



b. ☐ generator determine characteristics by testing or by applying knowledge of processes? Explain below:

1. If determined by testing, did generator use test method 261.21, 261.22, 261.23, or 261.24 or was equivalent test method used? \_\_\_\_\_

☒ YES ☐ NO ☐ NA

a. If equivalent method used, obtain copy of test method.

3. Are there any other wastes generated by generator?

☒ YES ☐ NO

a. If yes, list below:

Waste Description

Method of Disposal

SMALL QUANTITIES OF WASTE OIL

STORED IN H/W STORAGE AREA FOR FUTURE SHIPMENT TO DOE RUN FACILITY AND SUBSEQUENT DISPOSAL. DEFFENBAUGH--JO. CO. L/F

REGULAR TRASH

b. Did the generator test these wastes to determine if hazardous?

YES ☐ NO ☒ NA

Explain if necessary:

4. Generator size classification:

a. Does firm generate less than <sup>25</sup>75 kg of hazardous waste per month (Small quantity generator)?

YES ☐ NO ☐

b. Does firm generate <sup>25</sup>75 kg or more but less than 1,000 kg. of hazardous waste per month (Kansas generator)?

YES ☐ NO ☐

c. Does firm generate more than 1,000 kg of hazardous waste per month (EPA generator)?

☒ YES ☐ NO

d. T/S/D Facility (Storage)

☒ YES ☐ NO

Hazardous waste determination requirements:

☒ Adequate ☐ Inadequate

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If generator generates less than 100 kg. of hazardous waste per month or accumulates less than 1,000 kg. stop here.  
-----

C. Manifests

1. Does generator ship waste off-site?

☒ YES ☐ NO

262.21

a. If yes, does manifest include:

NO SHIPMENTS IN 1985, 1986 AND  
TO DATE IN 1987

1. Manifest document number?

☒ YES ☐ NO

2. Generator's name, address, phone number,  
and EPA ID number?

☒ YES ☐ NO

3. Name and EPA ID number of each transporter?

☒ YES ☐ NO

4. Name, address, and EPA ID number of designated  
facility?

☒ YES ☐ NO

5. Name, address, and EPA ID number of alternate  
facility if any. (The generator may also pro-  
vide instructions to return waste to generator  
if undeliverable)?

YES ☐ NO ☒ NA

6. Waste information required by DOT-Shipping  
name, (49 CFR 172.101, 172.202, 172.203)  
total quantity, type and number of con-  
tainers?

☒ YES ☐ NO

7. Certification information - "This is to certify  
that the above named materials are properly class-  
ified, described, packaged, marked, and labeled  
and are in proper condition for transportation  
according to applicable regulations of DOT and  
EPA"?

☒ YES ☐ NO

262.23

b. Does generator retain copies of manifest?  
If yes, complete 1 through 4.

☒ YES ☐ NO

1. Does generator sign and date all manifests  
by hand?

☒ YES ☐ NO ☐ NA

2. Does generator obtain handwritten signature  
and date of acceptance from initial trans-  
porter?

☒ YES ☐ NO ☐ NA

3. Does generator retain copy of manifest signed  
by both generator and transporter?

☒ YES ☐ NO ☐ NA

262.40

4. Does generator retain copy of manifest signed  
and dated by T/S/D facility owner/operator for  
three years?

☒ YES ☐ NO ☐ NA

Manifesting requirements:

[ ☒ ] Adequate [ ☐ ] Inadequate

D. Pre-Transport Requirements

- 262.30 1. Does generator package waste in accordance with DOT requirements (49 CFR 173, 178, and 179)? ☒ YES ☐ NO ☐ NA
- 262.31 2. Does generator label each package in accordance with DOT requirements (49 CFR 172)? ☒ YES ☐ NO ☐ NA
- 262.32 3. Does generator mark each package in accordance with DOT requirements (49 CFR 172)? ☒ YES ☐ NO ☐ NA
4. Does generator mark each container of 110 gallons or less as below: ☒ YES ☐ NO ☐ NA
- Hazardous Waste - Federal Law Prohibits Improper Disposal. If found, contact the nearest police or public safety authority or the U.S. E.P.A.  
Generator's Name and Address \_\_\_\_\_  
Manifest Document Number \_\_\_\_\_
- 262.33 5. Does generator have placards to offer to transporters (49 CFR 172, Subpart F)? ☒ YES ☐ NO ☐ NA

Pre-transport requirements:

☒ Adequate ☐ Inadequate

E. Record Keeping and Reporting

- 262.40 1. Does generator keep a copy of completed manifests from designated facilities for three years? ☒ YES ☐ NO
2. Does generator keep a copy of each Annual Report and Exception Report for three years? ☒ YES ☐ NO ☐ NA
3. Does generator keep records of test results and waste analyses used in determining hazardous or non-hazardous nature of wastes for three years? ☒ YES ☐ NO ☐ NA

Record keeping and reporting requirements:

☒ Adequate ☐ Inadequate

F. Special Conditions

1. Has generator received from or transported to a foreign source any hazardous waste? YES ☒ NO



- a. ☐ yes, has generator filed a no ☐ with the Regional Administrator?
- b. Is waste manifested and signed by foreign cosignee?
- c. If generator transports wastes out of the country, has confirmation of delivered shipment been received?

YES NO ☒ NA

YES NO ☒ NA

YES NO ☒ NA

Special conditions requirements:

☒ Adequate [ ] Inadequate

G. Accumulation Time

- |                        |  |  |
|------------------------|--|--|
| 262.34                 | 1. Does generator temporarily store waste before transport for 90 days or less?  | YES <input checked="" type="radio"/> NO <input type="radio"/> NA |
|                        | a. If yes, is waste placed in containers?  | YES <input checked="" type="radio"/> NO <input type="radio"/> NA |
|                        | If yes,  |  |
|                        | 1. Check overall condition of containers.  |  |
| 265.173                | 2. Are all containers holding hazardous waste closed during storage except when necessary to add or remove waste?  | YES <input checked="" type="radio"/> NO <input type="radio"/> NA |
| 265.174                | 3. Does owner/operator inspect areas where containers are stored, at least weekly, for signs of leakage and/or deterioration caused by corrosion or other factors?                   | YES <input checked="" type="radio"/> NO <input type="radio"/> NA |
| 265.176                | 4. Are containers holding ignitable or reactive waste located at least 15 meters (50 feet) from the facility's property line?  | YES <input checked="" type="radio"/> NO <input type="radio"/> NA |
| GENERATOR HAS VARIANCE |  |  |
| 265.177                | 5. If waste in containers is incompatible with other materials stored nearby, are the containers separated from the other materials by means of a dike, berm, wall, or other device? | YES <input type="radio"/> NO <input checked="" type="radio"/> NA |
|                        | b. If yes, is waste placed in tanks?   | YES <input checked="" type="radio"/> NO <input type="radio"/> NA |
|                        | If yes, fill out tanks checklist except 265.193.   |  |
|                        | 2. Is the date <u>accumulation</u> began clearly marked and visible for inspection on each container?  | YES <input checked="" type="radio"/> NO <input type="radio"/> NA |

3. Is each container and tank labeled or marked clearly with the words "Hazardous Waste"?

☒ YES ☐ NO ☐ NA

Note: If storage period exceeds 90 days then the facility is also a T/S/D facility. If facility is a T/S/D, go to T/S/D checklist here.

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Accumulation time requirements:

☐ Adequate ☒ Inadequate ☐ Not Applicable

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If generator is a Kansas generator stop here.  
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H. Requirements for Generators Operating Unpermitted Storage Facilities (Non T/S/D)

1. Does the owner/operator maintain at the facility, the following documents and records:
- a. Job title and job description for each position related to hazardous waste management? YES NO
  - b. Description of type and amount of training to be given each person? YES NO
  - c. Records of training given to facility personnel? YES NO
- 

Personnel training requirements:

☐ Adequate ☐ Inadequate ☐ Not Applicable

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2. The generator who accumulates waste on-site must meet the following requirements of preparedness and prevention (Subpart C):

- 265.31
- a. Does an inspection of the facility show any evidence of fire, explosion, or contamination? YES NO
  - b. If applicable to the facility, is the facility equipped with:
    - 1. Internal communication or alarm system easily accessible in case of emergency? YES NO NA
    - 2. Telephone, hand-held two-way radio capable of summoning emergency response personnel? YES NO NA



MIKE HAYDEN  
Governor  
JACK D. WALKER, M.D.  
Secretary

STATE OF KANSAS



Forbes Field  
Topeka, KS 66620-0001  
(913) 862-9360

DEPARTMENT OF HEALTH AND ENVIRONMENT

RCRA Compliance Inspection Report

T/S/D Facilities Checklist

A. General

Date April 20, 1987 Time 9:00 A.M. EPA ID No. KSD000203638  
Facility Name Olin Water Services  
Street 3155 Fiberglass  
City Kansas City, Kansas Zip 66115  
County Wyandotte Phone 913-621-6440  
Contact William Dame Plant Manager  
Inspector Jim Fischer, Janel Rogers and John Bosky --USEPA  
Other Larry Prouty--Olin Environmental Affairs Officer

B. Activity at Site

<u>Treatment</u>	<u>Storage</u>	<u>Disposal</u>
<input type="checkbox"/> Chem/Phys/Bio Treatment	<input checked="" type="checkbox"/> Drums	<input type="checkbox"/> Incineration
<input type="checkbox"/> Filtration	<input type="checkbox"/> Pile	<input type="checkbox"/> Landfill
<input type="checkbox"/> Incineration	<input type="checkbox"/> Surface Impoundment	<input type="checkbox"/> Land Treatment
<input type="checkbox"/> Recycling/Recovery	<input type="checkbox"/> Tank, Above ground	<input type="checkbox"/> Surface Impoundment
<input type="checkbox"/> Reprocessing	<input type="checkbox"/> Tank, Below ground	<input type="checkbox"/> Other ( )
<input type="checkbox"/> Solvent Recovery	<input type="checkbox"/> Other ( )	
<input type="checkbox"/> Thermal Treatment		
<input type="checkbox"/> Volume Reduction		
<input type="checkbox"/> Waste Oil		
<input type="checkbox"/> Other ( )		

Comments: \_\_\_\_\_

C. Waste Analysis Plan

265.13

1. Does facility maintain a copy of its waste analysis plan at the facility?

☒ YES ☐ NO

A. If yes, does the plan include:

1. Parameters for which each hazardous waste will be analyzed and rationale for the selection of these parameters.

☒ YES ☐ NO

2. Test methods which are used to test for these parameters.

☒ YES ☐ NO

3. Sampling method used to obtain sample.

☒ YES ☐ NO

4. Frequency with which the initial analysis will be reviewed or repeated to ensure the analysis is current.

☒ YES ☐ NO

5. For off-site facilities, the waste analyses that generators have agreed to supply.

YES ☐ NO ☒ NA

6. For off-site facilities, the procedures which are used to inspect and analyze each movement of hazardous waste received to ensure that it matches the identity of the waste designated on the manifest.

YES ☐ NO ☒ NA

Waste analysis plan requirements:

☒ Adequate      ☐ Inadequate

D. Security

265.14

1. Does the facility provide either of the following:

- a. A 24-hour surveillance system? (T.V. monitoring or guards).

YES ☒ NO

- b. An artificial or natural barrier (fence, fence and cliff combination) and a means to control entry (attendant, T.V. monitoring, locked entrance, controlled roadway access).

☒ YES ☐ NO



2. Does the facility provide warning signs at entrances. YES NO
3. Does the facility consider itself exempt from security requirements? YES NO

Security requirements:

[ ☒ ] Adequate [ ] Inadequate [ ] Not Applicable

E. General Inspection Requirements

- 265.15
1. Does the owner/operator maintain a written schedule at the facility for inspecting:
    - a. Monitoring equipment YES NO
    - b. Safety and emergency equipment YES NO
    - c. Security devices YES NO
    - d. Operating and structural equipment YES NO
  2. Does the inspection schedule identify the types of problems which are to be looked for during the inspections? YES NO
  3. Does the owner/operator maintain an inspection log? YES NO
    - a. If yes, does the log contain the:
      1. Date and time of inspection YES NO
      2. Name of inspector YES NO
      3. Notation of observations YES NO
      4. Date and nature of repairs or remedial action YES NO

Inspection requirements:

[ ☒ ] Adequate [ ] Inadequate

F. Personnel Training

- 265.16
1. Does the owner/operator maintain at the facility, the following documents and records:

- |   |   |
|---|---|
| a. Job title and job description for each position related to hazardous waste management. | YES <input type="radio"/> NO <input checked="" type="radio"/> |
| b. Description of type and amount of training to be given each person.                    | YES <input type="radio"/> NO <input checked="" type="radio"/> |
| c. Records of training given to facility personnel.                                       | YES <input type="radio"/> NO <input checked="" type="radio"/> |

Personnel training requirements:

☐ Adequate     ☒ Inadequate

G. Requirements For Ignitable, Reactive, or Incompatible Wastes

- |        |  |                                      |   |
|--------|--|--------------------------------------|---|
| 265.17 | 1. Does the facility handle ignitable or reactive wastes?  | <input checked="" type="radio"/> YES | <input type="radio"/> NO                          |
|        | a. If yes, is the waste separated and confined from sources of ignition or reaction, sparks, spontaneous ignition, and radiant heat? | <input checked="" type="radio"/> YES | <input type="radio"/> NO <input type="radio"/> NA |
|        | 2. Are smoking and open flames confined to specially designated locations?   | <input checked="" type="radio"/> YES | <input type="radio"/> NO <input type="radio"/> NA |
|        | 3. Are "No Smoking" signs posted in hazard areas?  | <input checked="" type="radio"/> YES | <input type="radio"/> NO <input type="radio"/> NA |
|        | 4. Does a check of these areas show any leakage or corrosion of containers?  | <input checked="" type="radio"/> YES | <input type="radio"/> NO <input type="radio"/> NA |
|        | 5. Does a check of these areas show evidence of heat generation from interaction of incompatible wastes?                             | YES <input checked="" type="radio"/> | <input type="radio"/> NO <input type="radio"/> NA |

Ignitable, reactive, or incompatible waste requirements:

☒ Adequate     ☐ Inadequate     ☐ Not Applicable

H. Preparedness and Prevention

- |        |   |  |
|--------|---|--|
| 265.31 | 1. Does an inspection of the facility show any evidence of fire, explosion, or contamination? | YES <input checked="" type="radio"/> NO <input type="radio"/>                          |
| 265.32 | 2. If applicable to the facility, is the facility equipped with:                              |  |
|        | a. Internal communication or alarm system easily accessible in case of emergency?             | <input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> NA |
|        | b. Telephone, hand-held two-way radio capable of summoning emergency response personnel?      | <input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> NA |



- |        |   |                                      |                          |                                     |
|--------|---|--------------------------------------|--------------------------|-------------------------------------|
|        | 3. Are portable fire extinguishers, fire control equipment, spill control equipment, and decontamination equipment provided?  | <input checked="" type="radio"/> YES | <input type="radio"/> NO | <input type="radio"/> NA            |
|        | 4. Is water of adequate volume provided for hose streams, foam producing equipment, sprinklers, etc.?   | <input checked="" type="radio"/> YES | <input type="radio"/> NO | <input type="radio"/> NA            |
| 265.33 | 5. Is this equipment (1-4 above) tested and maintained to assure its proper operation?  | <input checked="" type="radio"/> YES | <input type="radio"/> NO | <input type="radio"/> NA            |
| 265.35 | 6. Does a check of the facility show sufficient aisle space to allow unobstructed movement of personnel and equipment?  | <input checked="" type="radio"/> YES | <input type="radio"/> NO | <input type="radio"/> NA            |
| 265.37 | 7. If appropriate for the type(s) of waste handled has the owner/operator made arrangements with the local emergency authorities to familiarize them with the layout of facility, properties of wastes handled and associated hazards, places where facility personnel normally work, entrances to roads inside facility, and possible evacuation routes? | <input checked="" type="radio"/> YES | <input type="radio"/> NO | <input type="radio"/> NA            |
|        | 8. In areas where more than one police and fire department might respond, is there one designated authority?  | <input type="radio"/> YES            | <input type="radio"/> NO | <input checked="" type="radio"/> NA |
|        | 9. If appropriate for the type(s) of waste handled does the owner/operator have agreements with State emergency response teams, emergency response contractors, and equipment suppliers?  | <input checked="" type="radio"/> YES | <input type="radio"/> NO | <input type="radio"/> NA            |
|        | 10. If appropriate for the type(s) of waste handled has the owner/operator arranged to familiarize local hospitals with the properties of hazardous waste(s) handled and types of injuries which could result from fires, explosions, or releases at the facility?  | <input checked="" type="radio"/> YES | <input type="radio"/> NO | <input type="radio"/> NA            |
|        | 11. In cases where state or local authorities decline to enter into such arrangements, is the refusal entered in the operating record?  | <input type="radio"/> YES            | <input type="radio"/> NO | <input checked="" type="radio"/> NA |

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Preparedness and prevention requirements:

☒ Adequate      ☐ Inadequate

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I. Contingency Plan and Emergency Procedures

- |        |   |                                      |                                     |
|--------|---|--------------------------------------|-------------------------------------|
| 262.53 | 1. Is a contingency plan maintained at the facility and have copies been provided to outside agencies which may be called upon to provide emergency services? | <input checked="" type="radio"/> YES | <input type="radio"/> NO            |
| 262.52 | 2. Does the plan describe arrangements made with emergency response personnel?  | <input type="radio"/> YES            | <input checked="" type="radio"/> NO |

- 265.55
3. Does the plan list the name(s), home address, and phone number(s) of the designated emergency coordinator(s)? ☒ YES ☐ NO
  4. Is an emergency coordinator available at all times? ☒ YES ☐ NO
  5. Does the plan include a list of all emergency equipment at the facility, its location, a physical description of each item on the list, and a brief outline of its capabilities? YES ☐ NO ☒
  6. Does the plan include an evacuation plan for facility personnel? ☒ YES ☐ NO
- Changes will be made when permit is updated.

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Contingency plan and emergency procedures requirements:

☒ Adequate      ☐ Inadequate

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J. Manifest System, Recordkeeping, and Reporting

- 265.71
1. Does the facility receive waste from off-site? YES ☐ NO ☒
    - a. If yes, does the owner/operator sign and date each copy of the manifest and give a signed copy to the transporter? YES ☐ NO ☒ NA
    - b. Does the owner/operator send a signed copy of the manifest to the generator within 30 days of the delivery? YES ☐ NO ☒ NA
    - c. Does the owner/operator retain a copy of manifest? YES ☐ NO ☒ NA
  2. Does the facility receive any waste from a rail or water (bulk shipment) transporter? YES ☐ NO ☒
    - a. If yes, is the shipment accompanied by a shipping paper containing the appropriate information? YES ☐ NO ☒ NA
      1. If yes, does the owner/operator sign and date the shipping paper and provide the transporter with a copy? YES ☐ NO ☒ NA
      2. Does the owner/operator send a signed copy of the shipping paper to the generator within 30 days of the delivery? YES ☐ NO ☒ NA
      3. Does the owner/operator retain a copy of the shipping paper? YES ☐ NO ☒ NA
- 365.72
3. Has the facility received any shipments of waste which were inconsistent with the manifest? YES ☐ NO ☒



- 265.73
- a. If yes, was an attempt made to reconcile the discrepancy with the generator and transporter? YES NO ☒ NA
  1. If no, was the Regional Administrator notified? YES NO ☒ NA
  4. Does the owner/operator keep a written operating record at the facility? ☒ YES NO
  - a. If yes, does the operating record include:
    1. A description and the quantity of each hazardous waste received, and method(s) and date(s) of its treatment, storage, and disposal? ☒ YES NO NA
    2. The location of each hazardous waste within the facility and the quantity at each location? ☒ YES NO NA
    3. Records and results of waste analyses? ☒ YES NO NA
    4. Reports and details of incidents requiring implementation of the contingency plan? YES NO ☒ NA
    5. Records and results of required inspections? ☒ YES NO NA
    6. Monitoring, testing, or analytical data? ☒ YES NO NA
    7. Closure cost estimates (and for disposal facilities, post-closure cost estimates)? ☒ YES NO NA
- 265.76
5. Has the facility received any waste, which does not fall under the small generator exclusion, not accompanied by a manifest or shipping paper? YES ☒ NO
  - a. If yes, was an unmanifested waste report submitted to the Regional Administrator? YES NO ☒ NA

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Manifest system, recordkeeping, and reporting requirements:

☒ Adequate      [ ] Inadequate

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K. Closure and Post-Closure

- 265.112
1. Does the owner/operator have a written closure plan for the facility? ☒ YES NO
  - a. If yes, does the plan include:
    1. A description of how and when the facility will be closed? ☒ YES NO

2. A description of the steps necessary to completely close the facility? ☒ YES ☐ NO
3. An estimate of the maximum inventory of wastes in storage or in treatment at any given time during the facility life? ☒ YES ☐ NO
4. A description of the steps needed to decontaminate facility equipment at the time of closure? ☒ YES ☐ NO
5. An estimate of the expected year of closure and a schedule for final closure which includes the total time required to close the facility and the time required for intervening closure activities which allow tracking closure progress? ☒ YES ☐ NO

265.118

2. If the facility is a disposal facility, does the owner/operator have a written post-closure plan? YES ☐ NO ☒ NA
  - a. If yes, does the plan include:
    1. Ground-water monitoring activities and frequencies at which they will be performed? YES ☐ NO ☒ NA
    2. Maintenance activities and frequencies at which they will be performed to ensure the integrity of the cap and containment structures where applicable, and the function of the monitoring equipment? YES ☐ NO ☒ NA
    3. The name, address, and phone number of the person or office to contact during the post-closure period? YES ☐ NO ☒ NA

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Closure and post-closure requirements:

☒ Adequate      ☐ Inadequate

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L. Financial Requirements

- 265.142 1. Does the owner/operator have a written estimate of the closure cost? YES ☒ NO ☐
- 265.143 2. Has the owner/operator established financial assurance for facility closure and notified the Regional Administrator? (Required after 7-6-82). ☒ YES ☐ NO
- 265.144 3. If the facility is a disposal facility, does the owner/operator have a written estimate of the annual cost of post-closure monitoring and maintenance of the facility? ☒ YES ☐ NO ☐ NA

- 265.145 4. Has the owner/operator of the disposal facility established financial assurance for post-closure care and notified the Regional Administrator? (Required after 7-6-82) ☒ YES NO NA
- 265.147 5. Has the owner/operator obtained liability insurance for sudden occurrences of at least \$1 million with an aggregate of at least \$2 million exclusive of legal defense costs? (Effective 7-15-82). ☒ YES NO
6. If the facility is a disposal facility, has the owner/operator obtained liability insurance for nonsudden and accidental occurrences of at least \$3 million per occurrence with an annual aggregate of at least \$6 million exclusive of legal defense costs? (Effective 7-15-82) ☒ YES NO NA

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Financial requirements:

☐ Adequate ☒ Inadequate

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M. Management of Containers

- 265.170 1. Are containers presently used to store hazardous waste? ☒ YES NO
- a. If no, do not complete questions 2-5.
- b. If yes, check condition of containers and for evidence of incompatibility of waste with containers.

INSPECTION REVEALED ONE(1) BADLY DENTED DRUM.

---

Condition of Containers:

☐ Adequate ☒ Inadequate ☐ Not Applicable

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- 265.173 2. Are all containers holding hazardous waste closed during storage except when necessary to add or remove waste? ☒ YES NO NA
- 265.174 3. Does owner/operator inspect areas where containers are stored, at least weekly, for signs of leakage and/or deterioration caused by corrosion or other factors? ☒ YES NO NA

LOG WAS IMPROPERLY SIGNED WITH DITTO MARKS OR NO SIGNATURE AT ALL.





5/5/87

Tim,

Per your request today, I have enclosed photocopies of our waste inspection logs for the containers and containment system.

You specifically asked for copies where I used ditto marks which cover the months of October, November and December, 1986. I have also included January 1987 inspections to show the use of the ditto marks was discontinued.

If you need anything else or have any questions, please call.

RECEIVED

MAY 06 1987

K. D. H. E.  
NORTHEAST DISTRICT

Thanks,

Bill Dume  
Olin Water Service.

## CONTAINERS

## INSPECTION FREQUENCY : DAILY

TIME	MONTH: Oct. 1986	LEAKS	DETERIORA- TION	STACKING/ PALLET	COMMENTS:
8:00 A	Wm. E. Dame	OK	OK	OK	
8:00 A	✓	✓	✓	✓	
8:00 A	✓	✓	✓	✓	
SAT					
SUN					
8:00 A	Wm. E. Dame	OK	OK	OK	
8:00 A	✓	✓	✓	✓	
9:3	✓	✓	✓	✓	
9:00 A	✓	✓	✓	✓	
9:00 A	✓	✓	✓	✓	
SAT					
SUN					
Holiday					
8:00 A	Wm. E. Dame	OK	OK	OK	
7:30 A	✓	✓	✓	✓	
8:00 A	✓	✓	✓	✓	
8:00 A	✓	✓	✓	✓	
SAT					
SUN					
8:00 A	Wm. E. Dame	OK	OK	OK	
8:00 A	✓	✓	✓	✓	
8:00 A	✓	✓	✓	✓	
1:00 P	✓	✓	✓	✓	
8:00 A	✓	✓	✓	✓	
SA					
SUN					

## INSPECTION FREQUENCY : DAILY

MONTH: NOV. 1986		LEAKS	DETERIORA- TION	STACKING/ PALLET	COMMENTS:
SAT					
SUN					
8:00 A	Wm. E. Dume	OK	OK	OK	
10:00 A	✓	✓	✓	✓	
9:	William White	✓	✓	✓	
8:	William White	✓	✓	✓	
7:30 A	William White	✓	✓	✓	
SAT					
SUN					
11:00 A	Wm. E. Dume	OK	OK	OK	
9:00 A	Wm. E. Dume	OK	OK	OK	
✓		OK	OK	OK	
9:00 A	✓	OK	OK	OK	
8:00 A	✓	OK	OK	OK	
8:00 A	✓	OK	OK	OK	
SAT					
SUN					
8:00 A	Wm. E. Dume	OK	OK	OK	
10:00	William White	OK	OK	OK	
7:30 A	Wm. E. Dume	OK	OK	OK	
8:00 A	✓	OK	OK	OK	
8:00 A	✓	OK	OK	OK	
SA					
SA					
8:00 A	Wm. E. Dume	OK	OK	OK	
8:00 A	✓	OK	OK	OK	
8:00 A	✓	OK	OK	OK	
Holiday					
Holiday					
Sat					
Sun					

## INSPECTION FREQUENCY : DAILY

MONTH: DEC. 1986		LEAKS	DETERIORA-TION	STACKING/ PALLET	COMMENTS:
8:45A	William R. White	OK	OK	OK	
8:00A	Wm. E. Damm	OK	OK	OK	
8:00A	✓	OK	OK	OK	
8:00A	Wm. E. Damm	OK	OK	OK	
S					
Su.					
7:00A	Wm. E. Damm	OK	OK	OK	
10:00A	✓	OK	OK	OK	
8:00A	✓	OK	OK	OK	
8:00A	✓	OK	OK	OK	
8:00A	✓	OK	OK	OK	
SAT					
SUN					
7:00A	Wm. E. Damm	OK	OK	OK	
7:00A	✓	OK	OK	OK	
8:00A	✓	OK	OK	OK	
7:00A	✓	OK	OK	OK	
8:00A	✓	OK	OK	OK	
SAT					
SUN					
7:00A	Wm. E. Damm	OK	OK	OK	
7:0	Wm. E. Damm	OK	OK	OK	
8:3	William R. White	OK	OK	OK	
XMAS	HOL.				
XMAS	HOL.				
SAT					
SUN					
7:45A	William R. White	OK	OK	OK	
7:00A	William R. White	OK	OK	OK	
8:15A	William R. White	OK	OK	OK	



## CONTAINERS

INSPECTION FREQUENCY : DAILY

MONTH: JAN. 1987		LEAKS	DETERIORA- TION	STACKING/ PALLETS	COMMENTS:											
HOLIDAY HOLIDAY																
SAT SUN																
8:30A	William R White	OK	OK	OK												
7:45A	William R White	OK	OK	OK												
8:	William R White	OK	OK	OK												
8:30A	William R White	OK	OK	OK												
8:15A	William R White	OK	OK	OK												
SAT SUN																
8:00A	William R White	OK	OK	OK												
7:30A	William R White	OK	OK	OK												
7:30A	William R White	OK	OK	OK												
7:00A	William R White	OK	OK	OK												
8:30A	William R White	OK	OK	OK												
SAT SUN																
7:45A	William R White	OK	OK	OK												
8:30A	William R White	OK	OK	OK												
7:30A	William R White	OK	OK	OK												
8:00A	William R White	OK	OK	OK												
7:45A	William R White	OK	OK	OK												
SAT SUN																
7:15A	William R White	OK	OK	OK												
8:00A	William R White	OK	OK	OK												
7:45A	William R White	OK	OK	OK												
7:45A	William R White	OK	OK	OK												
8:30A	William R White	OK	OK	OK												
SAT																



## CONTAINMENT SYSTEM

INSPECTION FREQUENCY : DAILY

TIME	MONTH: Oct. 1986	GEN'L AREA	SUMP	SUMP PUMP	AIISLE SPACE	COMMENTS:
4:00 A	Wm. E. Damm	OK	OK	OK	OK	
4:00 A	✓	✓	✓	✓	✓	
8:00 A	✓	✓	✓	✓	✓	
SAT						
SUN						
8:00 A	Wm. E. Damm	OK	OK	OK	OK	
8:00 A	✓	✓	✓	✓	✓	
9:30	✓	✓	✓	✓	✓	
9:00 A	✓	✓	✓	✓	✓	
9:00 A	✓	✓	✓	✓	✓	
SAT						
SUN						
Holiday						
6:00 A	Wm. E. Damm	OK	OK	OK	OK	
7:30 A	✓	✓	✓	✓	✓	
8:00 A	✓	✓	✓	✓	✓	
8:00 A	✓	✓	✓	✓	✓	
SAT						
SUN						
1:00 A	Wm. E. Damm	OK	OK	OK	OK	
2:00 A	✓	✓	✓	✓	✓	
3:00 A	✓	✓	✓	✓	✓	
4:00 P	✓	✓	✓	✓	✓	
5:00 A	✓	✓	✓	✓	✓	

## INSPECTION FREQUENCY : DAILY

MONTH: NOV. 1986		GEN'L AREA	SUMP	SUMP PUMP	aisle SPACE	COMMENTS:
SAT						
SUN						
8:00A	Wm. E. Dams	OK	OK	OK	OK	
8:00A	✓	✓	✓	✓	✓	
7:00	William White	✓	✓	✓	✓	
8:30A	William White	✓	✓	✓	✓	
7:30A	William White	✓	✓	✓	✓	
SAT						
SUN						
11:00A	Wm. E. Dams	OK	OK	OK	OK	
8:00A	✓	✓	✓	✓	✓	
8:00A	✓	OK	OK	OK	OK	
8:00A	✓	OK	OK	OK	OK	
8:00A	✓	OK	OK	OK	OK	
SAT						
SUN						
8:00A	Wm. E. Dams	OK	OK	OK	OK	
10:00	William R White	OK	OK	OK	OK	
7:00A	Wm. E. Dams	OK	OK	OK	OK	
8:00A	✓	OK	OK	OK	OK	
8:00A	✓	OK	OK	OK	OK	
SA						
SUN						
8:00A	Wm. E. Dams	OK	OK	OK	OK	
8:00A	✓	OK	OK	OK	OK	
8:00A	✓	OK	OK	OK	OK	
Hol. Day						
Hol. Day						
Sat						
SUN						

## INSPECTION FREQUENCY : DAILY

MONTH: DEC 1986		GEN'L AREA	SUMP	SUMP PUMP	AISLE SPACE	COMMENTS:
8:45A	William R. White	OK	OK	OK	OK	
9:00A	Wm. E. Dame	OK	OK	OK	OK	
9:00A	Wm. E. Dame	OK	OK	OK	OK	
9:00A	Wm. E. Dame	OK	OK	OK	OK	
SAT						
SUN						
7:00A	Wm. E. Dame	OK	OK	OK	OK	
10:00A	✓	OK	OK	OK	OK	
6:00A	✓	OK	OK	OK	OK	
8:00A	✓	OK	OK	OK	OK	
8:00A	✓	OK	OK	OK	OK	
SAT						
SUN						
7:00A	Wm. E. Dame	OK	OK	OK	OK	
7:00A	✓	OK	OK	OK	OK	
8:00A	✓	OK	OK	OK	OK	
7:00A	✓	OK	OK	OK	OK	
8:00A	✓	OK	OK	OK	OK	
SAT						
SUN						
7:00A	Wm. E. Dame	OK	OK	OK	OK	
7:00	✓	OK	OK	OK	OK	
8:30	William R. White	OK	OK	OK	OK	
XMAS	HOL.					
XMAS	HOL.					
SAT						
SUN						
7:45A	William R. White	OK	OK	OK	OK	
2:00A	William R. White	OK	OK	OK	OK	
8:15A	William R. White	OK	OK	OK	OK	



## CONTAINMENT SYSTEM

## INSPECTION FREQUENCY : DAILY

MONTH: JAN 1987		1	2	3	4	5	6	7	8	9	10	11	12
		GEN'L AREA	SUMP	SUMP PUMP	aisle SPACE	COMMENTS:							
HOLIDAY													
HOLIDAY													
SAT													
SUN													
8:30A	William R. White	OK	OK	OK	OK								
7:45A	William R. White	OK	OK	OK	OK								
8:15A	William R. White	OK	OK	OK	OK								
8:3	William R. White	OK	OK	OK	OK								
8:15A	William R. White	OK	OK	OK	OK								
SAT													
SUN													
8:00A	William R. White	OK	OK	OK	OK								
7:30A	William R. White	OK	OK	OK	OK								
7:30A	William R. White	OK	OK	OK	OK								
7:00A	William R. White	OK	OK	OK	OK								
8:30A	William R. White	OK	OK	OK	OK								
SAT													
SUN													
7:45A	William R. White	OK	OK	OK	OK								
8:30A	William R. White	OK	OK	OK	OK								
7:30A	William R. White	OK	OK	OK	OK								
8:00A	William R. White	OK	OK	OK	OK								
7:45A	William R. White	OK	OK	OK	OK								
SAT													
SUN													
7:15	William R. White	OK	OK	OK	OK								
8:00A	William R. White	OK	OK	OK	OK								
7:45A	William R. White	OK	OK	OK	OK								
7:45A	William R. White	OK	OK	OK	OK								
8:30A	William R. White	OK	OK	OK	OK								
SAT													